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ABSTRACT

Abstracts of current publications in the fields of population and family planning are presented in this pamphlet. Topical areas include: demography and social science, human reproduction and fertility control, family planning programs, population policy, and general publications. Research studies, monthly reports, journal articles, and general literature are reported. (BL)

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Current Publications in Population/Family Planning

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Number 18 *February 1972*

Demography and Social Science

Chaudhury, R. H. "Differential fertility by religious group in East Pakistan." *Social Biology* 18, no. 2 (June 1971): 188–191. 18-1

Mean child-woman ratios for ever-married women, by religious group (Muslims, Caste Hindus, and Schedule Caste Hindus), in 17 districts in East Pakistan showed a statistically significant difference between the Schedule Caste Hindus (2.59) and Muslims (2.89). Caste Hindus had the lowest fertility (2.82). The relatively small difference between the fertility of Muslims and Caste Hindus is attributed to the "disproportionate number of currently married women in the age group 20–39 between Muslims and Caste Hindus." The findings of the study show that fertility behavior of the Muslims has not changed in recent years.

Daily, Edwin F. "A clearing house for abortion appointments." *Family Planning Perspectives* 3, no. 3 (July 1971): 12–14. 18-2

A clearing house to schedule abortion appointments for low-income general service (nonprivate) New York City residents received over 6,500 requests for appointments between July 1970 and May 1971. This service, provided by the New York City Department of Health, arranged about 6,200 appointments, about one-fifth of all abortions performed on general service patients, at a cost of almost $3.75 per appointment.

Gans, M., J. Pastore, and E. A. Wilkening. "La mujer la modernizacion de la familia Brasileña." *Revista Latinoamericana de Sociologia* 6, no. 3 (September and December 1970): 389–419. 18-3

Modernism scores among 321 urban Brazilian couples were found to be highly correlated between mates, but males scored considerably higher than females. Modernism was significantly related to education, socioeconomic status, and occupation but unrelated to number of children.

Garcia, E. and A. Ramirez. *Informe final del estudio sobre valores y actitudes de los jefes de familia respecto al mejoramiento de los niveles de vida en la Republica Dominicana.* Santo Domingo: Research Center of the National University Pedro Henriquez Ureña, 1971. 141 pp. 18-4

A survey of 830 male household heads in four regions of the Dominican Republic employed a 248 question interview questionnaire to test 14 hypotheses.

Most of the more important relationships established held only for the urban area. Among these were: a negative relation between *machismo* and use of contraceptives; a positive relation between husband-wife communication and contraception; a positive relation between believing the costs of children are eventually recouped and disapproval of family planning; and the relation of early sexual experience to subsequent contraceptive practice.

Janowitz, Barbara S. "An empirical study of the effects of socioeconomic development on fertility rates." *Demography* 8, no. 3 (August 1971): 319–330. 18-5

"Recent studies by Adelman and by Friedlander and Silver, which have investigated whether regression equations derived from cross-section data can be used to predict the impact of socioeconomic development on changing levels of fertility, are reviewed critically. Regression analyses based on data for 57 countries *c.* 1960 show that fertility (gross reproduction rate) varies cross-sectionally with region as well as with level of development (as measured by per capita income, percent labor force in primary sector, expectation of life, illiteracy rate). Using equations derived from the cross-section study and time-series data for five European countries during the period that their fertility rates fell, it is shown that predictions about past fertility changes are in error. The results suggest caution in the use of cross-section relations to predict the course of fertility in developing countries." (Author's abstract.)

Kasarda, J. D. "Economic structure and fertility: A comparative analysis." *Demography* 8, no. 3 (August 1971): 307–317. 18-6

This study investigates empirically the relation between the economic structure (female labor force participation outside the home and child labor force participation) and fertility level (crude birth rate and child-woman ratio) of 23, 30, 49, and 66 nations respectively from 1930 to 1970 by using census data. High rates of female labor force participation outside the home and low rates of economic activity of children depress a society's fertility level. The study did not confirm, however, the hypothesis that the percent of unpaid family workers in a society is positively related to its fertility level. Although economic structure appears to be a direct determinant of fertility, major background factors such as urbanization, industrialization, and education also affect the economic structure of a nation's population. Outlays for fertility control might yield greater long-run returns if they were used for economic development by creating jobs for women outside the home and by increasing the amount of education available for youths who would otherwise be part of the labor force.

Kupinsky, S. "Nonfamilial activity and socioeconomic differentials in fertility." *Demography* 8, no. 3 (August 1971): 353–367. 18-7

"The relationship between socioeconomic status and fertility among married women is examined, using data from the 1/1,000 sample from the 1960 United States Census of Population and the 1960 Growth of American Families Study. Both sets of data indicate that the negative relationship between socioeconomic status and fertility is still prevalent but may reflect different patterns of child spacing rather than completed fertility. Labor force participation among these women is found to be negatively related to the number of children ever born. To determine the degree of involvement in this type of nonfamilial role, the work index or proportion of one's married life engaged in the labor force is developed. The work index is found to be a particularly sensitive measure of involvement in the worker role vis-à-vis their fertility. The working hypothesis of this study, that such nonfamilial activity has a different effect according to one's socioeconomic status, is borne out. Participation in the labor force results in a relatively larger reduction in the fertility of upper status women than for those of lower status. However, this relationship apparently holds true only for those women from rural backgrounds but not for those from large urban areas." (Author's abstract.)

Lee, E. S. "Migration in relation to education, intellect, and social structure." *Population Index* 36, no. 4 (October–December 1970): 437–444. 18-8

In this 1970 presidential address to the Population Association of America, the relation between high levels of migration and large proportions educated to advanced degrees is speculatively explored. In the United States, higher education is widely available along with increased occupational specialization. Such specialization reflects the needs of the advanced level of socioeconomic development with its complex division of labor and the American predilection for a widely heterogeneous set of formal educational goals. The range of educational goals is said in turn to reflect the greater opportunities for upward social mobility in American society and is opposed to the academic uniformity said to be imposed in many other more developed

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societies. The labor market for specialists tends to be national rather than local and hence there is an especially high incidence of internal migration by upper income groups.

Nag, M. "The pattern of mating behavior, emigration and contraception as factors affecting human fertility in Barbados." *Social and Economic Studies* 20, no. 2 (June 1971): 111–333. 18-9

The relatively low birth rates of Barbados up to the early 1960s were due to a combination of instable marital unions and male emigration; the increasing use of contraception accounts for the decline in birth rates since 1962.

World Health Organization. *The Prevention of Perinatal Mortality and Morbidity*. Report of a WHO Expert Committee, Technical Report Series no. 457. Geneva: WHO, 1970. 60 pp. 18-10

The report discusses the problem of measuring perinatal mortality and presents statistics on perinatal and infant mortality for selected countries for 1965. It reviews biologic, socioeconomic, and nutritional factors influencing the outcome of pregnancy; emphasizes the importance of identifying long-term sequelae of perinatal complications; considers optimal standards of health care of mothers and children; discusses the role of the midwife; reviews educational needs in prevention of perinatal mortality; and proposes a review by the World Health Organization of definitions of terms relating to perinatal mortality. A list of specific recommendations for the prevention of perinatal mortality and morbidity is included.

Youssef, N. H. "Social structure and the female labor force: The case of women workers in Muslim Middle Eastern countries." *Demography* 8, no. 4 (November 1971): 427–439. 18-11

"In terms of quantitative comparative data Middle Eastern countries report systematically the lowest female participation rates in economic activities outside of agriculture. This behavior represents a deviation from the current experience of other developing nations and from the historical experience of the now industrialized West. Using comparative data on female employment patterns in Latin American countries which are at roughly a similar stage of economic development, it is shown that the low level and particular character of women's involvement in the work force in the Middle East can be explained by institutional arrangements contingent upon aspects of social structure. Five countries are selected for intensive analysis: Chile, Mexico, Egypt, Morocco, and Pakistan. One major aspect of social organization and its cultural adjuncts is emphasized: The interplay between the volitional avoidance by women of certain occupational sectors because of the social stigmatizing aspect and the prohibition of occupational opportunities imposed by males. The combined effects of this tradition of female seclusion and exclusion are confirmed by the detailed analysis of the structure of the nonagricultural labor force: Middle Eastern women are absent systematically from occupational and industrial sectors of employment which involve public activity and presuppose contact with males." (Author's abstract.)

Human Reproduction and Fertility Control

Ansbacher, R. "Sperm-agglutinating and sperm-immobilizing antibodies in vasectomized men." *Fertility and Sterility* 22, no. 10 (October 1971): 629–632. 18-12

Serum from 48 men undergoing vasectomy was examined before and after the operation for sperm-agglutinating and sperm-immobilizing antibodies. Before vasectomy only one man had sperm-agglutinating antibodies, afterwards 26 men showed positive tests. No cases of sperm-immobilizing antibodies were found before the operation, but afterwards 15 were reported.

Arnold, C. B. and B. E. Cogswell. "A condom distribution program for adolescents: The findings of a feasibility study." *American Journal of Public Health* 61, no. 4 (April 1971): 739–750. 18-13

A feasibility study for providing family planning services to adolescent males in an innercity area in North Carolina sponsored widespread distribution of free condoms to commercial outlets including barber shops, grocery stores, pool halls, and restaurants. During the test period recipients who had used a condom in the past week increased from 19 to 68 percent and those who used the condom at their last coitus increased from 20 to 91 percent. It appeared that condoms are acceptable to adolescents to a degree not previously appreciated and that adolescent males will accept a share of the burden in pregnancy prevention if given the opportunity. Finally, small neighborhood commercial outlets have a potentially important role in a nonclinical contraceptive distribution program.

Croxatto, H. B., et al. "Contraceptive action of megestrol acetate implants in women." *Contraception* 4, no. 3 (September 1971): 155–168. 18-14

Silastic capsules containing megestrol acetate were implanted under the skin of 257 women. During the first year, pregnancy rates of 6.0 and 9.4 per 100 women years resulted with two different types of capsules. Abnormal menstrual—and breakthrough—bleeding occurred during the first three months in 10 to 15 percent of the women but decreased to about 5 percent in a few months. In most instances women could become pregnant within two cycles after the implants were removed. Although the implants did reduce fertility for periods up to a year, the high failure rate and a 30 fold increase in ectopic pregnancies over normal levels warrant against its use in this particular form.

Feldman, J. G., et al. "Patterns and purposes of oral contraceptive use by economic status." *American Journal of Public Health* 61, no. 6 (July 1971): 1089–1095. 18-15

In a five-year experience with oral contraceptives in a large urban family planning clinic, continuation rates for lower-income women were somewhat higher than for women in more favored economic circumstances. This was due to their greater parity at the time of acceptance since standardizing for parity eliminated most of the observed variations in the continuation rates of the three groups studied: low, low-middle, and middle income. Overall continuation rates at five years from acceptance were 38 per 100 women. The relatively few terminations for planned pregnancy suggest that most acceptors were limiting family size. Since many of the acceptors were young with many years of reproductive life ahead, the use of more permanent and economical methods appears to be indicated in many cases.

Fuertes-de la Haba, A., et al. "Thrombophlebitis among oral and non-oral contraceptive users." *Obstetrics and Gynecology* 38, no. 2 (August 1971): 259–263. 18-16

The occurrence of thrombophlebitis in a group of approximately 5,000 women taking oral contraceptives was compared with that of 5,000 control women over a period of 50,781 woman-years. Nine women on the pill and eight in the control group developed the condition. The two groups were compared by the incidence of thrombophlebitis, calculation of relative risk, the life table method, and a variety of etiological factors. No significant difference between the two groups could be shown.

Goldzieher, J. W., et al. "A placebo-controlled double-blind crossover investigation of the side effects attributed to oral contraceptives." *Fertility and Sterility* 22, no. 9 (September 1971): 609–623. 18-17

In order to determine the side effects associated with oral contraceptives, 398 women participated in a double-blind study in which they received either one of four contraceptive pills or a placebo. Women on the placebo and a random selection of women taking the contraceptive pills used a vaginal cream or foam; of the seven pregnancies occurring, six were with women on the placebo. For four to six cycles women were interviewed concerning symptoms of nausea, vomiting, abdominal discomfort, breast tenderness, headache, nervousness, and depression. Changes in weight and blood pressure were also checked. In some instances women on high estrogen pills reported discomfort more frequently than others, but often symptoms were more pronounced in the initial control cycle and decreased in subsequent months. The authors conclude that only part of the side effects associated with taking oral contraceptives is due to the pill itself.

Horowitz, A. J. "A study of contraceptive effectiveness and incidence of side effects with the use of Majzlin Spring." *Contraception* 4, no. 1 (July 1971): 23–30. 18-18

Results are presented for 148 women fitted with a Majzlin Spring IUD for periods of 6 to 27 months. An expulsion rate of 4.6 percent and a pregnancy rate of 4.0/100 woman-years was reported. The author believes that the high pregnancy rate, the incidence of uterine side effects, and frequent difficulty in removing the Majzlin Spring outweigh its ease of insertion and lower expulsion rate.

Potter, R. G. and G. S. Masnick. "The contraceptive potential of early versus delayed insertion of the intrauterine device." *Demography* 8, no. 4 (November 1971): 507–517. 18-19

"One argument for a postpartum program of contraception is minimizing chances that the

mother will conceive again before she can accept contraception. However, early insertion increases the extent of overlap between retention of the device and anovulation when the woman is protected anyway while at the same time reducing the average span of wearing time coinciding with fecundable months when protection is needed. Thus it is not clear that early insertion yields the maximal postponement of next conception. Delaying insertion three or even six months might accomplish more. To investigate this matter, a model has been developed which incorporates the following factors: time of insertion, distribution of anovulatory length, natural fecundability and rates of effectiveness and continuation of IUD. It turns out that predicated upon the distribution of anovulatory length regarded as most realistic, the penalty of early insertion in terms of reduced postponement of next conception proves consistently small," that is, delayed insertion does not achieve striking advantages with respect to early conception. Also, the favorable outcomes for early insertion would undoubtedly increase if the model were amplified to allow for reinsertion or adoption of alternative contraceptives upon termination of IUD use.

Presser, Harriet B. "The timing of the first birth female roles and black fertility." Milbank Memorial Fund Quarterly 49, no. 3 (July 1971): 329–362. 18-20

The earlier the first birth the higher the completed fertility. The process by which early fertility generates high fertility has to do with the interaction of fertility and the role participation of women. Role participation determines the timing of the first birth, which determines subsequent role participation and fertility. The timing of the first birth is of special significance since it initiates the mother role and has a more marked impact on participation in other roles than do subsequent births.

This line of reasoning is used to explore the process whereby black women have higher completed fertility than white women despite their higher rate of labor force participation and marital instability—factors that should serve to restrict fertility. From secondary sources of data, it is argued that the earlier timing of the first birth of black women relative to white women and differences by race in role and fertility patterns may largely explain the higher completed fertility of black women.

Black women express a desire for fewer children than white women do, although their actual fertility is higher. The author argues that this is a consequence of the greater experience among black women of the disruptive effects of children on role participation generated by an early—and often unwanted —first birth.

Queenan, J. T., S. Shah, S. F. Kubaryoh, and B. Holland. "Role of induced abortion in rhesus immunization." *Lancet* 1, no. 7704 (24 April 1971): 815–817. 18-21

"The frequency of transplacental hemorrhage was investigated in 606 patients undergoing induced abortion. In the 404 patients having pregnancies terminated by suction curettage, 7.2 percent had evidence of transplacental hemorrhage, whereas in the remaining 202 patients, whose pregnancies were terminated by hypertonic saline, the figure was 20.2 percent. The occurrence of transplacental hemorrhage was thus three times greater with saline abortion. Of 145 published cases of Rh-negative patients whose pregnancies have been terminated, eight became immunized to the Rh factor. This 5.5 percent risk of immunization warrants a policy of protection with Rh-immune globulin." (Authors' summary.)

Shapiro, S., H. S. Levine, and N. Abramowicz. "Factors associated with early and late fetal loss." In *Advances in Planned Parenthood*, edited by A. J. Sobrero and R. M. Harvey. Vol. 6, pp. 45–63. International Congress Series no. 224. Amsterdam: Excerpta Medica, 1971. 18-22

Approximately 15 percent of the pregnancies that were medically known among approximately 12,000 women delivered by HIP physicians (Health Insurance Plan, greater New York), ended in fetal death with half the loss occurring under 12 weeks' gestation. Nonwhite women had markedly higher fetal death rates than white women throughout pregnancy with the peak differential, a threefold difference, noted in gestation of 12–19 weeks. The probability of fetal death sometime during pregnancy, adjusted for undetected fetal deaths, is 19 per 100 among white women and 32 per 100 among nonwhite women. Other groups at high risk throughout pregnancy are women 35 years of age or older and women in their fourth or later pregnancy.

Wolff, J. R., P. E. Nielson, and P. J. Schiller. "Therapeutic abortion: Attitudes of medical personnel to complications in patient care." *American Journal of Obstetrics and Gynecology* 110, no. 5 (1 July 1971): 730–733. 18-23

"This study of the records of 50 consecutive patients undergoing a therapeutic abortion when compared with a control group reveals significant differences in attitudes of the staff that affect patient care. Persistent themes are uneasiness and shame concerning personal participation, which led to avoidance by both attending staff and residents with a resultant inadequate experience. Information obtained from a series of seminars points to the conclusion that concern with the issue of causing a death remains paramount. Polarization and resolution of these feelings are fundamental and necessary if the demands of society for more abortions are to be met." (Authors' abstract.)

Family Planning Programs

Buckle, A. E. R. and K. C. Loung. "Sterilization of the female: A positive approach to family limitation." *Journal of Biosocial Science* 3, no. 3 (July 1971): 289–300. 18-24

The combination of vigorous campaigning, a more liberal attitude toward nonpuerperal sterilization, and a changing attitude of patients has resulted in a sixfold increase in sterilizing operations in two London hospitals—from 202 cases in the five-year period 1960–1964 to 1,289 cases in 1965–1969. The most frequent indication for the operation was the patient's request, followed by high parity. Other indications included "at/following therapeutic abortion," at time of caesarean section, and rhesus iso-immunization. Fifty-six percent of the women were in the 30 to 39 year age group and one-third were younger than 30 years. About 90 percent had at least three children. "In the final analysis, lack of national policy will be the final determinant, for there must be adequate motivation of the populace at large to limit family size and, until such direction and means of encouraging it are found (such as direct taxation relief of families of under an agreed size), there will be no ultimate success in obtaining a stable population here or elsewhere."

International Planned Parenthood Federation. *Family Planning in Five Continents: Africa, America, Asia, Europe, Oceania*. London: IPPF, July 1971. 34 pp. 18-25

Contains thumbnail sketches of the family planning situation and such basic demographic statistics as population estimates for 1969, the latest available birth and death rates, and population growth rates for 1963–1969 for countries in Africa, the Americas, Asia, Europe, and Oceania.

Jaffe, Frederick S., Joy G. Dryfoos, and George Varky. "Who needs organized family planning services? A preliminary projection, 1971–1975." *Family Planning Perspectives* 3, no. 3 (July 1971): 22–32. 18-26

The need for assistance in obtaining family planning services is projected to 1975 for two groups—medically indigent (married and unmarried persons who cannot afford to purchase the family planning services they require) and other access groups (nonpoor, unmarried individuals, and unmarried minors whose families are not poor, who can afford to pay all or some of the cost of family planning services but experience other kinds of difficulties in securing and utilizing these services). "The number of prospective contraception patients is seen to rise from a minimum of six and a maximum of 16.5 million in FY 1971 to a minimum of 6.5 and a maximum of 17.7 million in 1975, while the number of prospective sterilization patients rises from a minimum of 36,000 and a maximum of 82,000 in 1971 to a minimum of 125,000 and a maximum of 286,000 in 1975."

Kelly, W. J. "Estimation of contraceptive continuation functions." *Demography* 8, no. 3 (August 1971): 335–339. 18-27

"Evidence from Puerto Rico supports the hypothesis that the continuation rate has a decay form rather than a reciprocal form. As indicated in the literature, there was evidence that the continuation rate tends to vary not only with time but also with the age of the patient at acceptance. It was found that the fit of the continuation function could be improved substantially by making the effective decay rate an exponential function of age. Theoretical reasoning is presented to justify these empirical results." (Author's abstract.)

Liu, P. T. and L. P. Chow. "A stochastic approach to the estimation of the prevalence of IUD: Example of Taiwan, Republic of China." *Demography* 8, no. 3 (August 1971): 341–352. 18-28

"Assuming three patterns of changes in number of new IUD insertions, three stochastic models have been developed for the estimation of the 'prevalence' of IUD *in situ* at a given point of time. The advantages of these models, compared with the conventional ways of estimating IUD prevalence, rest with their

ease of use and simplicity of method for calculating variances of the estimates. The models are also useful for family planning administrators to set program targets. A correction factor to estimate the number of IUDs which, although 'currently *in situ*,' are worn by women who have 'passed over' the upper age limit of their reproductive spans has also been developed. This is particularly useful in estimating the 'effective retention' of IUD." (Author's abstract.)

Ministry of Health, Population Planning General Directorate, Research and Demographic Section. *Turkish IUD Retention Survey—1969*. Population Planning Publication no. 408. Ankara: Ministry of Health, May 1971. 65 pp. 18-29

In the first national IUD follow-up survey in Turkey in 1969, a self-weighting stratified sample of 2,923 women was interviewed from 79,767 women who had received an IUD as part of Turkey's national family planning program between 1 August 1967 and 31 January 1969. Of these 2,923 women, only 1,656 were actually interviewed due to poor addresses and mobility. According to the data, as indicated by Potter's life-table technique of computing IUD retention rates, 38.3 percent of the acceptors discontinued after 12 months; of all acceptors, 2.1 percent terminated because of pregnancy, 9.8 percent because of expulsion, and 26.4 percent because of removal. Side effects constituted 70.1 percent of the reasons for removal while personal reasons were responsible for 29.9 percent. Women living in metropolitan and urban areas, using mobile clinics, having less than four children, and being under 30 had higher termination rates than women living in rural areas, using fixed clinics, having four or more children, and being 30 or over, respectively.

The interaction of parity and age on termination rates of the IUD, the reasons for accepting and removing the IUD, and the contraceptive status before and after using the IUD are also considered.

Palmore, J. A., P. M. Hirsch, and A. Marzuki. "Interpersonal communication and the diffusion of family planning in West Malaysia." *Demography* 8, no. 3 (August 1971): 411–425. 18-30

"Using data from a 1966–1967 probability sample of West Malaysian married women 15–44 years of age, this paper analyzes via multiple classification analysis the characteristics of women who were active in diffusing information about family planning. The woman's age and her parity, her educational attainment, her race, her present residence (urban-rural), and whether or not she wanted more children were significantly related to opinion leadership in bivariate tables. However, these relationships appeared to be substantial mainly because these social and demographic characteristics were highly related to whether the woman participated in discussions about family planning with other women. Among women who did participate in such discussions, the social and demographic variables were not substantially related to opinion leadership. In fact, the critical variables for opinion leadership appeared to be participation in the discussions, greater knowledge of family planning, and a higher level of family planning use. An attempt is also made to assess the effect of interpersonal communication on the adoption of family planning among women in the sample." (Authors' abstract.)

Reynolds, Jack. *Manuals for Evaluation of Family Planning and Population Programs Number 1–4*. New York: Division for Program Development and Evaluation, International Institute for the Study of Human Reproduction, Columbia University, 1970. 135 pp. 18-31

In the first two papers of this series problems of program evaluation are outlined and a conceptual framework to aid in identification of program objectives, selection of evaluation topics, and consideration of evaluation feasibility is presented. Methodological components of program evaluation and an approach to design of evaluation systems are outlined. The third paper, written in collaboration with Rukmani Ramaprasad, presents a method for estimating future caseloads of family planning programs and a fourth paper discusses evaluation of programs through process analysis.

Population Policy

Berelson, B. "Population policy: Personal notes." *Population Studies* 25, no. 2 (July 1971): 173–182. 18-32

Population policy is defined as governmental action designed to alter population events or that actually does alter them. A review of the history of population policy suggests that the latter decades of the twentieth century may see an unprecedented worldwide interest in the subject both practically and intellectually.

The substantive issues for population policy can be represented by a cross tabulation of four demographic factors (population size; demographic rates of increase, birth, death, and so forth; spatial distribution; composition) and four behavioral categories (economic; political; ecological/environmental; social). Each of the sixteen cells in the resulting table represents a potential policy problem or line of solution. For example, governments may see population distribution as leading to serious economic problems (demographic factor as determinant of a policy problem) and try to affect migration through economic or political means (demographic factor as object of government intervention).

The policy means available to governments to affect population variables can be grouped under five broad headings, ranked in order of increasing interference with individual freedom: (1) information; (2) voluntary programs; (3) change in social institutions; (4) incentive or disincentive schemes; (5) coercion.

Population policy is a policy of means, not of ends. Governments seek to affect population in order to promote some further human good or end, individual or collective. The consideration of such ends involves ethical questions, not technical or scientific ones.

The task of population studies is to clarify social choices by identifying issues correctly, by analyzing them scientifically, and by keeping in the forefront of attention the fundamental human values at stake when choosing both means and ends of population policy.

Callahan, Daniel, ed. *The American Population Debate*. Garden City: Doubleday and Company, 1971. 380 pp. 18-33

A balanced collection of previously published popular and scholarly articles that address themselves to the questions, "Does the United States have a population problem?" and "What is the solution to the problem?" Contributors include Ansley Coale, Paul Ehrlich, Judith Blake, Frank Notestein, Garrett Hardin, and Oscar Harkavy.

Mehta, T. S., R. C. Saxena, and R. Chandra. *Population Education: A Draft Syllabus (Classes I to XI)*. New Delhi: National Council of Educational Research and Training, 1971. 42 pp. 18-34

A draft syllabus put out to assist state education departments in the development of population education programs in their respective states. A final version will be prepared after reactions are received from the states. The following major areas are included: population growth; economic development and population; social development and population; health, nutrition and population; biological factors, family life and population.

Rosoff, Jeannie I. "National health insurance and family planning." *Family Planning Perspectives* 3, no. 3 (July 1971): 50–55. 18-35

The author warns that "while most of the national health insurance proposals now before Congress suggest advocacy of 'comprehensive' insurance to meet virtually all the health needs of all segments of the population, most of them actually limit the universality and comprehensiveness of coverage, by requiring partial contribution by the insured to his care. Preventive health protection for the poor may well be unavailable—including coverage for family planning, and special funding now earmarked for family planning services to the poor may be reduced or eliminated. Special vigilance will be required . . . to see that family planning services are explicitly included in whatever national health insurance measure eventually emerges."

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